


02-22-07

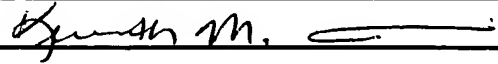
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10080146-032102

UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</small>	Attorney Docket No. A-6257	
	First Inventor or Application No.	CHAN
	Title	SYSTEMS, METHODS AND APPARATUSES FOR MINIMIZING SUBSCRIBER-PERCEIVED DIGITAL VIDEO CHANNEL TUNING DELAY
	Express Mail Label No.	EV038881891US

10080146
02/21/02

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>26</u>] 3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>4</u>] 4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) 5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231 ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Other:																
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit:																	
17. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below <table border="1"> <tr> <td>Name</td> <td colspan="3">05642</td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>		Name	05642			Address				City	State	Zip Code		Country	Telephone	Fax	
Name	05642																
Address																	
City	State	Zip Code															
Country	Telephone	Fax															

Name (Print/type)	KENNETH M. MASSARONI	Registration No. (Attorney/Agent)	33,015
Signature		Date	FEBRUARY 21, 2002

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: CHAN
DOCKET NO.: A-6257
TITLE: SYSTEMS, METHODS AND APPARATUSES FOR MINIMIZING
SUBSCRIBER-PERCEIVED DIGITAL VIDEO CHANNEL TUNING
DELAY

FEBRUARY 21, 2002

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

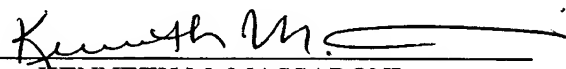
The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 84.00	\$000.00
Total Claims	21	20	1	\$ 18.00	\$18.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$740.00	\$740.00
Total Filing Fee					\$758.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.518
5030 Sugarloaf Parkway
Lawrenceville GA 30044

By: 
KENNETH M. MASSARONI
Attorney of Record
Reg. No.: 33,015
Phone: (770) 236-4717
Fax No.: (770) 236-4806

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Maryellen Licker